OZAH No. AAO- 17-U2
Date Filed 6911
Hearing Date 6/23/17
Hearing Date 6/23/17 Time 9:30 Am

Pursuant to Montgomery County Code Sections 29-16, 29-19 and 29-26, OBJECTION is hereby made to the decision and/or
findings of the Department of Housing and Community Affairs (DHCA), decided on
Accessory Apartment License Application No. 95591, filed on 4128117.
License Applicant: Louise Yeqhor
Address. 902 First Name Middle Initial Ilast Name Willes Sport Work William 1. 1881 Name Will
Street City & Zip Code Telephone No.
E-mail Address
Objector: MARCIA E GOGGIN
Address. First Name Lox Port Tee Middle Initial Last Name 201.893.8480
Street City & Zip Code Telephone No.
E-mail Address  Office of Zoning and
Proposed Use (Check-one):  (L) Attached Accessory Apartment  ( ) Detached Accessory Apartment JUN - 9 2017
Description of Property for Proposed Use:  Address: 902 Lox ford Terrace School prints. Administrative Hearings
Lot: 28 Block: M. Parcel No.: ; Subdivision (0)
Size of Property: (In acreage or square feet) 2,700 Current Zoning: Sixele FAMILY DWELLING
Number of Off-Street Parking Spaces:
Addresses of any other accessory apartments within 500 feet of the subject site, listing their distances from the subject site:
License Applicant's Present Legal Interest in Subject Property (Check one):  Owner Other (describe)
Owner of Property (If not License Applicant):
Name Address Zip Code
Has any previous application involving this property been made to this office, or to the Board of Appeals, by this applicant, or by anyone else to this applicant's knowledge?If so, give Case Number(s):
Basis for Objection (attach additional sheets as needed):  inCorrect films. persyleagher have not been personal restant  out the property come VIII2 - See attached:
I hereby affirm that all of the statements and information contained in or filed with this Objection are true and correct.
Signature of Attorney - (Please print next to signature)  Signature of Objector(s) - (Print next to signature)
Address of Attorney Telephone Number Attorney's E-mail Address

OZAH No. AAQ- <u>17-σ2</u>
Date Filed 6817
Hearing Date 6317
Time9:30 AM

Pursuant to Montgomery County Code Sections 29-16, 29-19 and 29-26, OBJECTION is hereby made to the decision and/or	
findings of the Department of Housing and Community Affairs (DHCA), decided on	
Accessory Apartment License Application No. 95591, filed on 4/28/17	
License Applicant: Louise Veagher	
Address. 902 Loxford Terrace Silver Spring MD 20901	
Street City & Zip Code Telephone No.	
E-mail Address	
Objector: Andrea S Verbrugge	
First Name Middle Initial Last Name	
Street City & Zip Code Tolephone No.	9
E-mail Address  Description of Zoning and  Description of Zoning and	•
J. Zoning and	
Proposed Use (Check one):  () Detached Accessory Apartment  Description of Property for Proposed Use:  Address: 902 Loxford Terrace Silver Spring Tearings 101	
1 Administrative .	
Description of Property for Proposed Use:  Address: 902 Loxford Terrace Silver Spring moderation of Property for Proposed Use:	
Lot: 28 Block: M Parcel No.:; Subdivision	
Size of Property: (In acreage or square feet) 2700 Current Zoning: Single Family Dwelling	
Number of Off-Street Parking Spaces:	
Addresses of any other accessory apartments within 500 feet of the subject site, listing their distances from the subject site:	
License Applicant's Present Legal Interest in Subject Property (Check one):	
Owner Other (describe)	
Owner of Property (If not License Applicant):	
Name Address Zip Code	
Has any previous application involving this property been made to this office, or to the Board of Appeals, by this applicant, or by anyone else to this applicant's knowledge?If so, give Case Number(s):	
Basis for Objection (attach additional sheets as needed):  M3 Yeagher is serile and moved out of her home and into a new gondo. She has not been resided at 900 Los	2.
since 1/01/17. The Louse has sort vacant since this time.  I hereby affirm that all of the statements and information contained in or filed with this Objection are true and correct.	K E
N/A Columbrage Andrea Verbrugge	
Signature of Attorney - (Please print next to signature)  Signature of Objector(s) - (Print next to signature)	
$\mathcal{N}/\mathcal{A}$	

OZAH No. AA	. <del>O</del>	17	-02
Date Filed		11	•——
Hearing Date_	6	23	17
Time 9:3	<u>5 M</u>	<u>~ '</u>	

Pursuant to Montgomery County Code Sections 29-16, 29-19	and 29-26, OBJECTION is hereby made to the decision and/or
findings of the Department of Housing and Community Affa	irs (DHCA), decided on 5/8/2017, regarding
Accessory Apartment License Application No. 95591	, filed on 4/28/2017
License Applicant: LOUISE  First Name Middle Address. 902 LOXFORD TERRACE SIL  Street City & Zil  UNKNIWN  E-mail Address	YEGHER Initial Last Name VER SPRING, MD 20901 p Code Telephone No.
Objector: CARLOS A.  First Name Middle In  Address. AN MALTA LANE SILVER SPEN  Street City & Zi  44 jimener @ CVC . eclv  E-mail Address  Proposed Use (Check one):	Last Name (G., MD 2090) (301) 440-8271 p Code Telephone No.
Description of Property for Proposed Use:  Address: 902 LOXFORD TERRACE SILV  Lot: 28 Block: M Parcel No.: ; So  Size of Property: (In acreage or square feet) 2700 Curre  Number of Off-Street Parking Spaces: 2  Addresses of any other accessory apartments within 500 feet of	nt Zoning: SINGLE FAMILY DWELLING
License Applicant's Present Legal Interest in Subject Propert  Owner Other (describe)	
Owner of Property (If not License Applicant):	
Name Address	Zip Code
Basis for Objection (attach additional sheets as needed):  LDNICE YEGHER HAS NOT BEEN A RESIDENT	OF 902 LOXFORD TERRACE SINCE 01 01 2017.
I hereby affirm that all of the statements and information contains	timed in or filed with this Objection are true and correct.  Iguature of Objector(s)—(Print next to signature)
Address of Attorney Attorney's E-mail Address	Telephone Number

OZAH No. AAO- <u>17-02</u>	
Date Filed 677	
Hearing Date 62317	
Time 9:30m	

Pursuant to Montgomery County Code Sections 29-16, 29-19 and 29-26, OBJECTION is hereby made to the decision and/or
findings of the Department of Housing and Community Affairs (DHCA), decided on 5/18/2017, regarding
Accessory Apartment License Application No. 95591, filed on 4/28/2019 ffice of Zoning and
License Applicant: Louise  Address. 902 First Name Middle Initial Last Name  Street City & Zip Code Telephone No.  City & Zip Code Telephone No.
Address. 902 Coxford Terrace Silver South 2090 Control Haarings
Address. 902 Coxford Terrace Silver Spring 20901 On Windowskinstrative Hearings Street City & Zip Code Telephone No.  Unknown
E-mail Address
Objector: John & O. Wilson
Objector: Jahn 5 D. W. 15on  Address. Pirst Name Coxford Terrace Middle Initial Spring 2070/ 301-588-2363  Street Wilson Didwilson. City & Zip Code Telephone No.
Street Street City & Zip Code Telephone No.
E-mail Address
Proposed Use (Check one):  ( X)Attached Accessory Apartment  ( ) Detached Accessory Apartment
Description of Property for Proposed Use:  Address: 902 Confired Terraile School Spring 20901  Lot: 8 Block: 14 Parcel No.: ; Subdivision 102  Size of Property: (In acreage or square feet) 2700 Current Zoning: Single Family Vitelling
Lot: 28 Block: 14 Parcel No.: ; Subdivision 102
Size of Property: (In acreage or square feet) 2700 Current Zoning: Single Foundy Dutelling
Number of Off-Street Parking Spaces: 2
Addresses of any other accessory apartments within 500 feet of the subject site, listing their distances from the subject site:
License Applicant's Present Legal Interest in Subject Property (Check one):  Owner Other (describe)
Owner of Property (If not License Applicant):
Name Address Zip Code
Has any previous application involving this property been made to this office, or to the Board of Appeals, by this applicant, or by anyone else to this applicant's knowledge?If so, give Case Number(s):
Basis for Objection (attach additional sheets as needed):
I hereby affirm that all of the statements and information contained in or filed with this Objection are true and correct.
N/A John D Wilson
Signature of Attorney - (Please print next to signature)  Signature of Objector(s) - (Print next to signature)
N/A 301-588-2383
Address of Attorney Attorney's E-mail Address

OZAH No. AAC	);		1-02	
Date Filed (0	12	1	1	_
Hearing Date	6	23	17	_
Time_ 6:30×	<u>'</u>			

Pursuant to Montgomery County Code Sections 29-16, 29-19 and 29-26, OBJECTION is hereby made to the decision and/or
findings of the Department of Housing and Community Affairs (DHCA), decided on
Accessory Apartment License Application No. 95591, filed on 4/28/17
First Name Middle Tries 1
Acan Address. 102 Loxford Terrace Silver Sound MA ZOGINAL A 2002
City & Zip Code Telephone No.
E-mail Address  Administrative Idearings
Objector: Kathleen P Waybright
Address.  First Name  904   Axford Middle Initial  Last Name  Last Name
Start / DATIFIC TETTALE SILVER Spring, MD 20901
planco & amail com
E-mail Address 301-404-8/6/
Proposed Use (Check one):
(V)Attached Accessory Apartment ( ) Detached Accessory Apartment
Description of Property for Proposed Use:  Address: 102 Loxford Terrace Silver Spring, MD 20901  Lot: 28 Block: M Parcel No.: ; Subdivision 102  Size of Property: (In acreage or square feet) 2700 Current Zoning: Single Family Dwelling  Number of Off-Street Parking Spaces: 2  Addresses of any other accessory apartments within 500 feet of the subject site, listing their distances from the subject site:
License Applicant's Present Legal Interest in Subject Property (Check one):  Owner Other (describe)  Owner of Property (If not License Applicant):
Zin Code
Has any previous application involving this property been made to this office, or to the Board of Appeals, by this applicant, or by anyone else to this applicant's knowledge?If so, give Case Number(s):
Basis for Objection (attach additional sheets as needed): Louise Yeaher has not been a resident of 902 Loxford Since 1/1/17. She and her son Steven Yegher purchased her new residence in late 2016.
I hereby affirm that all of the statements and information contained in or filed with this Objection are true and correct.
NA Sahley & Waymight, Kathleen & Waybrigh
Signature of Attorney - (Please print next to signature)  Signature of Objector(s) - (Print next to signature)
· NA
Address of Attorney Attorney's E-mail Address Number

OZAH No. AAC	<b>)-</b> .	<i>I</i> 7-	02
Date Filed 🕡	1	117	
Hearing Date	۵	23	77
Time 9:30×		1 /	<u></u>

Pu	rsuant to Montgomery County Code Sections 29-16, 29-19 and 29-26, OBJECTION is hereby made to the decision and/or
fine	dings of the Department of Housing and Community Affairs (DHCA), decided on
	cessory Apartment License Application No. 95591, filed on 4/2817
	ense Applicant: Louise Yeaher Vegher
catuAd	Street City & Zip Code Telephone No. Administrative Hearings
	E-mail Address
Ob	jector: Micolc M Wayblight  First Name Middle Initial Last Name
Ad	Street  Street  City & Zip Code  E-mail Address  Middle Initial  All Silver Spring M 2090 301-318-910  City & Zip Code  Telephone No.
Pro	oposed Use (Check one):  (V)Attached Accessory Apartment  ( ) Detached Accessory Apartment
	Scription of Property for Proposed Use:  Address: 902 Loxford Terrace, Silver Spring, MN 20901  Lot: 28 Block: M Parcel No.: —; Subdivision 102
Siz	e of Property: (In acreage or square feet) 2700 Current Zoning: Single Family Dujelling
Nu	mber of Off-Street Parking Spaces: 2
Ad	dresses of any other accessory apartments within 500 feet of the subject site, listing their distances from the subject site:
Lio [	cense Applicant's Present Legal Interest in Subject Property (Check one):  Owner Other (describe)
Ow	oner of Property (If not License Applicant):
Naı	me Address Zip Code
Has or b	s any previous application involving this property been made to this office, or to the Board of Appeals, by this applicant, by anyone else to this applicant's knowledge?If so, give Case Number(s):
Bas	sis for Objection (attach additional sheets as needed):
2	he and her son Steven regher purchased her new residence in late 2016.
I he	ereby affirm that all of the statements and information contained in or filed with this Objection are true and correct.
	N/A Wicoke Warbright
Sig	nature of Attorney - (Please print next to signature) Signature of Objector(s)-(Print next to signature)
	N)A
	dress of Attorney orney's E-mail Address  Telephone Number

OZAH No. AAO- 1702
Date Filed 6/7/17,
Hearing Date 6 23 11
TimeSTAM

Pursuant to Montgomery County Code Sections 29-16, 29-19 and 29-26, OBJECTION is hereby made to the decision and/or
findings of the Department of Housing and Community Affairs (DHCA), decided on
Accessory Apartment License Application No. 9559, filed on 4/28/17
License Applicant: Louise 109hor
Address: First Name   Terr Silver Spring, m.) 20901 Last Name Office of Zoring and
Street City & Zip Code Telephone No.  UN Known  City & Zip Code  Telephone No.  JUN 0 7 2017
E-mail Address  Apriling a strong to the print of the pri
Objector:
Address. The Lox ford Terr Silver Spring (M) 30 520 345  Street Christophe Iduplisea C. gmail. Can  E-mail Address
Proposed Use (Check one):
Attached Accessory Apartment ( ) Detached Accessory Apartment
Description of Property for Proposed Use:  Address:  Lot: 28 Block: M Parcel No.: ; Subdivision
Lot: <u>78</u> Block: <u>M</u> Parcel No.: ; Subdivision
Number of Off-Street Parking Spaces: Z
Addresses of any other accessory apartments within 500 feet of the subject site, listing their distances from the subject site:
License Amiliant's Durant Land Literature (Cl. 1
License Applicant's Present Legal Interest in Subject Property (Check one):  Owner Other (describe)
Owner of Property (If not License Applicant):
Name Address Zip Code
Has any previous application involving this property been made to this office, or to the Board of Appeals, by this applicant, or by anyone else to this applicant's knowledge?If so, give Case Number(s):
Basis for Objection (attach additional sheets as needed): Application Made under false prefenses. Applicant, Standonger Testang at residence - not owner occupied.
I hereby affirm that all of the statements and information contained in or filed with this Objection are true and correct.
N/A at Del Christopher D Du olisea
Signature of Attorney - (Please print next to signature)  Signature of Objector(s) - (Print next to signature)
NIA
Address of Attorney Telephone Number  Attorney's E-mail Address

OZAH No. AAO- 17-02
Date Filed 6717
Hearing Date 6/23/17
Time G.3UAP

Purs	suant to Montgomery County Code Sections 29-16, 29-19 and 29-26, OBJECTION is hereby ma	ade to the decision and/or
	dings of the Department of Housing and Community Affairs (DHCA), decided on	8 17 , regarding
Acc	cessory Apartment License Application No. 95591 , filed on 4/2	
Lice	ense Applicant: Louise Year	A CONTRACTOR OF THE PROPERTY O
dicatoAdd	dress. 902 Loxford Terrace Silver Sounce WA	Office of Zaning and
	Street City & Zip Code Tele	20901 phone No. JUN () 7 2017
	E-mail Address	
Obje	ector: Penny S. Kli	Administrative i Leaning
-	First Name  903 Lox Ford Territory  Middle Initial  Last Name  102 26864	<u>, , , , , , , , , , , , , , , , , , , </u>
71001	First Name 903 Lox Ford Terr. Middle Initial  Street  Penkline 1 & Smail. Gity & Zip Code  Telep	301-814-5533
	E-mail Address	
Prop	posed Use (Check one):	
тор	(V)Attached Accessory Apartment ( ) Detached Accessory Apartmen	
Desc	- ( / Domented Accessory Apartmen	I ·
Desc	Address:	NA CASH
	Address: 902 Loxford Terrace Silver Spring  Lot: 28 Block: M Parcel No.:; Subdivision 102	1 MD 20701
Size	of Property: (In acreage or square feet) 2700 Current Zoning:	<i>Y</i> ""
Numl	Lot: <u>28</u> Block: <u>M</u> Parcel No.: <u> </u>	Dwelling
	resses of any other accessory apartments within 500 feet of the subject site, listing their distances	
	The subject site, listing their distances	from the subject site:
Licer	ense Applicant's Present Legal Interest in Subject Property (Check one):  Owner Other (describe)	
Owne	er of Property (If not License Applicant):	
Name		
Has a	any previous application involving this property been made to this office, or to the Board of Ap	Zip Code
or by	anyone else to this applicant's knowledge?If so, give Case Number(s):	peals, by this applicant,
Basis	s for Objection (attach additional sheets as needed).	
Zhe Zhe	e and her son Steven Vegher purchased her new residen	Since 1/1/17.
_ 224200	eby affirm that all of the statements and information contained in or filed with this Objection are t	A =
Signat	N A  Atture of Attorney - (Please print next to signature)  Signature of Objector(s) - (Print next to signature)	( Penny S. Kline)
2.5.141	sture of Attorney - (Please print next to signature) Signature/of Objector(s)-(Print next to s	ignature)
	N/A	·
	ress of Attorney ney's E-mail Address NA	hone Number

OZAH No. AA	ρ	1	7-02
Date Filed(	7	0	
Hearing Date	6 to	33	17
Time 9:31A	•		<u> </u>

OBJECTION TO DRUG DECISION REGARDING ACCESSORY APARTMENT
Pursuant to Montgomery County Code Sections 29-16, 29-19 and 29-26, OBJECTION is hereby made to the decision and/or which is the decision and the d
findings of the Department of Housing and Community Affairs (DHCA), decided on, regarding, regarding
Accessory Apartment License Application No. 9559, filed on Administration No.
License Applicant: Louise 15 CHER
Address. 902 First Name Middle Initial Last Name ND 2090   Street City & Zip Code Telephone No.
E-mail Address
Objector: Koderick L. WILBON  First Name Address. First Name  Address. City & Zip Code  City & Zip Code  Telephone No.
E-mail Address  E-mail Address  E-mail Address
Proposed Use (Check one):  Attached Accessory Apartment ( ) Detached Accessory Apartment
Description of Property for Proposed Use:  Address: 402 Lox FORD Terrace Silver Spring: MD 2090    Lot: 28 Block: M Parcel No.: ; Subdivision 402
Size of Property: (In acreage or square feet) 2700 Current Zoning: Residential
Number of Off-Street Parking Spaces: 2
Addresses of any other accessory apartments within 500 feet of the subject site, listing their distances from the subject site:
License Applicant's Present Legal Interest in Subject Property (Check one): Owner Other (describe)
Owner of Property (If not License Applicant):
NameAddressZip Code
Has any previous application involving this property been made to this office, or to the Board of Appeals, by this applicant, or by anyone else to this applicant's knowledge? If so, give Case Number(s):
Basis for Objection (attach additional sheets as needed):  Louise Tegher moved out of 902 hoxford learners in Sat NO17;  she there Poole does not meet county requirements for And 17;  Alcessory Apartment Liense.  I hereby affirm that all of the statements and information contained in or filed with this Objection are true and correct.
Signature of Attorney - (Please print next to signature)  VA - Pro Se - Verific L. W. Horn Signature of Objector(s) - (Print next to signature)
301-593-5356
Address of Attorney Attorney's E-mail Address Telephone Number

OZAH No. AA	0	17-0	<b>12</b>
Date Filed 4	7	11	
Hearing Date	6	33	17
Time 473	۸۵	<u>~ ′</u>	-

	o Montgomery County Code Sec	ctions 29-16, 29-19 and 29-20	6, OBJECTION is hereb	y made to the decision and/or
	of the Department of Housing an			5/8/17 , regarding
	Apartment License Application	<b>~</b>		land, regarding
	7	No. 12311	, filed on	128/17
License Ap			Ye	aher
calcaddress	902 Loxford	Middle Initial	Las	Name
,	Street	City & Zip Code	er Spring, M	Celephone No.
	Unknown E-mail Address	<del></del>		
	Kevin	6	1/. 1 -	JUN 0 7 2017
Objector: _	First Name	9,	Verbr	Mgg Administer of tempin
Address	911 Loxford Ter	Middle Initial Silver S	Oring 20901	Administration
	Street Kaverbrugge @ne	City & Zip Code	$\int \frac{1}{1}$	elephone No.
	E-mail Andress	etzero.net		
Proposed U	Use (Check one):			
1	(VAttached Accessory Aparti n of Property for Proposed Use:	ment () De	tached Accessory Aparti	ment
Add Lot:	dress: <u>902 Loo</u> : <u>28 Block: M</u> Parcel perty: (In acreage or square feet)		102	<u> </u>
Number of	Off-Street Parking Spaces: 2		-ingic rum	ing buening
Addresses o	of any other accessory apartments	s within 500 feet of the subje	ct site, listing their distar	nces from the subject site:
Ticana Ar	anliana P. D			
Owne	oplicant's Present Legal Interest in Company of the	in Subject Property (Check or		
Owner of P	roperty (If not License Applicant		-	
Name		Address		
	<del></del>	Variate 22		7:- C-1-
	Wious application involving this	<del></del>		Zip Code
or by anyon	evious application involving this te else to this applicant's knowled	property been made to this	office, or to the Board of	Appeals, by this applicant,
	a cost to this applicant 5 knowice	property been made to this of dge?If so, give	office, or to the Board of Case Number(s):	Appeals, by this applicant,
Basis for Ot	bjection (attach additional sheets	property been made to this of dge?If so, give	Case Number(s):	Appeals, by this applicant,
Basis for Ot	bjection (attach additional sheets	property been made to this of dge?If so, give	of 902 lowers	Appeals, by this applicant,
Basis for Ot Louise She or	bjection (attach additional sheets  Yeaher has not b  nd her son Steven	property been made to this order?If so, give as needed):  Deen a resident Yeaher Plichased	of 902 Loxfor her new resid	Appeals, by this applicant,  d Since 1/1/7.  ence in late 2016.
Basis for Ot Louise She or	bjection (attach additional sheets	property been made to this order?If so, give as needed):  Deen a resident Yeaher Plichased	of 902 Loxfor her new resid	Appeals, by this applicant,  d Since 1/1/7.  ence in late 2016.
Basis for Ot Louise She Or	bjection (attach additional sheets Live a her has not had her son Steven	property been made to this ording? If so, give as needed):  Deen a resident  Yegher purchased	of 902 Loxfor her new resid	Appeals, by this applicant,  d Since 1/1/7.  ence in late 2016.
Basis for Ot Louise She Or	bjection (attach additional sheets  Yeaher has not b  nd her son Steven	property been made to this ording? If so, give as needed):  Deen a resident  Yegher purchased	of 902 Loxfor her new resid	Appeals, by this applicant,  d Since 1/1/7.  ence in late 2016.
Basis for Ot Louise She Or	bjection (attach additional sheets  Yeaher has not be  nd her son Steven  NA  Attorney - (Please print next to	property been made to this ording? If so, give as needed):  Deen a resident  Yegher purchased	of 902 Loxfor her new resid	Appeals, by this applicant,  d Since 1/1/7.  ence in late 2016.

OZAH No. AAO- 17-02
Date Filed (g 7 17
Hearing Date 4 271
Time Graph

Pursuant to Montgomery County Code Sections 29-16, 29-19 and 29-26, OBJECTION is hereby made to the decision and findings of the Department of Housing and Community Affairs (DHCA), decided on \$\frac{8}{17}\$, regard Accessory Apartment License Application No. \$\frac{9559}{17}\$, filed on \$\frac{4}{28} \frac{17}{17}\$.  License Applicant: \$\frac{100}{150} \frac{150}{150} \frac{150}{1
Accessory Apartment License Application No. 95591 filed on 428 7  License Applicant: LOUISE  First Name Middle Initial Last Name Office of Local Address. 902 Loxford Terrace Silver Sound MD 2090 Telephone No. 100 120 E-mail Address  Objector: Petty  First Name Middle Initial Last Name Administrative Forms Middle Initial Last Name  Administrative Forms Silver Spring MD 2090 702-834-  Street City & Zip Code Telephone No. Telephone No.
License Applicant: LOUISE  First Name   Middle Initial   Last Name   Office of Zone    Street   City & Zip Code   Telephone No.    Code Street   City & Zip Code   City & Zip
First Name   Middle Initial   Last Name   Office of    Street   City & Zip Code   Telephone No.    Pirst Name   Address   Administrative Holders    First Name   Middle Initial   Last Name    Address   STRUME   Super Sping   MD   2090   702-834-  Street   City & Zip Code   Telephone No.    City & Zip Code   Telephone No.    Telephone No.   Telephone No.    Telephone No.   Telephone No.    Telephone No.   Telephone No.    Telephone No.   Telephone No.   Telephone No.    Telephone No.   Telephone No.   Telephone No.    Telephone No.   Telephone No.   Telephone No.    Telephone No.   Telephone No.   Telephone No.   Telephone No.    Telephone No.   Telephone No.   Telephone No.   Telephone No.    Telephone No.   T
Street  UNY 10 W City & Zip Code  E-mail Address  Objector:  Peter  First Name Address.  ST Lox ford Terr Silver Sphna MD 20901 702-834-  Street  City & Zip Code  Telephone No.
Defector: Defer B Sullivation of Administrative of Street City & Zip Code Telephone No.
E-mail Address  Objector: Peter  First Name Address. 857 Lox for d Terr Silver Sping MD 20901 702-834-  Street  City & Zip Code  Telephone No.
Address. 857 Lox ford Terr Silver Sping MD 20901 202-834-  Street City & Zip Code Telephone No.
Address. 857 Lox ford Terr Silver Sping MD 20901 202-834-  Street City & Zip Code Telephone No.
Street City & Zip Code Telephone No.
1111 salvaterra cognail. com
E-mail Address
Proposed Use (Check one):
( ) Detached Accessory Apartment
Lot: 28 Block: M Parcel No.: ; Subdivision 102  Size of Property: (In acreage or square feet) 2700 Current Zoning: Single Family Dwelling: Number of Off-Street Parking Spaces: 2  Addresses of any other accessory apartments within 500 feet of the subject site, listing their distances from the subject site:
License Applicant's Present Legal Interest in Subject Property (Check one):  Owner Other (describe)  Owner of Property (If not License Applicant):  Name  Address  Zip Code
Has any previous application involving this property been made to this office on to the Parall CA
or by anyone else to this applicant's knowledge? If so, give Case Number(s):  Basis for Objection (attach additional sheets as needed): Louise Yeaher has not been a resident of 902 Loxford Since 11117.  She and her son Steven Yegher Purchased her new residence in late 20
I hereby affirm that all of the statements and information contained in or filed with this Objection are true and correct.
NIA Peter Sullivan Pf. S. Il.
Signature of Attorney - (Please print next to signature)  Signature of Objector(s)—(Print next to signature)
- NA (301) 767-5712
Address of Attorney  Telephone Number